

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. **09/926401** FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
2	1						51			
3	1						52			
4	3						53			
5	1						54			
6	1						55			
7	1						56			
8	1						57			
9	1						58			
10	1						59			
11	1						60			
12	1						61			
13	1						62			
14	1						63			
15	1						64			
16	1						65			
17	1						66			
18	1						67			
19	1						68			
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43							92			
44							93			
45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
TOTAL IND.	1						100			
TOTAL DEP.	1	89					TOTAL IND.			
TOTAL CLAIMS	11						TOTAL DEP.			